

**ATTORNEY DOCKET NO. A-8121  
ELECTRONIC FILING**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	)	
	)	
Stalker	)	Art Unit: 2186
	)	
Application No. 10/712,655	)	Examiner: Michael Alsip
	)	
Filing Date: November 13, 2003	)	Confirmation No.: 8962
	)	
For: <b>STATE-BASED MEMORY</b>	)	
<b>UNLOADING</b>	)	

**TRANSMITTAL LETTER**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer Number 05642

Sir:

Transmittal herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/> Response to Office Action	<input type="checkbox"/> Petition to For Extension of Time
<input checked="" type="checkbox"/> Fee as calculated below	<input type="checkbox"/> Supplemental Declaration
<input type="checkbox"/> No Additional Fee Required	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Corrected Drawings	<input checked="" type="checkbox"/> Other <u>RCE</u>

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE	
Total Claims	23	28		X \$50.00		\$	
Independent Claims	3	3		X \$210.00		\$	
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$370.00		\$	
<input checked="" type="checkbox"/> Request for Continued Examination				+ \$810.00		\$810.00	
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$460 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1050 <input type="checkbox"/>	4 <sup>th</sup> Month \$1640 <input type="checkbox"/>	5 <sup>th</sup> Month \$2230 <input type="checkbox"/>		\$
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							- \$
<b>TOTAL FEE DUE</b>							<b>\$810.00</b>

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APPLICATION NO. 10/712,655

Payment:

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Payment by credit card in the amount of \$\_\_\_\_\_ for the fees designated above is submitted via enclosed Form PTO-2038.
- ☒ Payment by credit card in the amount of \$810.00 for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$\_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

\_\_\_\_\_/David A. Cornett/  
David A. Cornett  
Registration No. 48,417

Customer Number 05642